

December 29, 2005

Helene Nelson
Secretary of the Dept. of Health and Family Services
c/o Kathleen Luedtke
Comprehensive Systems Change Manager
1 W. Wilson St., Rm. 850
P.O. Box 7851
Madison, WI 53707-7851

Via E-Mail: luedtka@dhfs.state.wi.us

Dear Ms. Nelson,

Gemini Employee Leasing Inc. has been a provider agency to two Family Care Pilot Programs, one in LaCrosse County and the other in Portage County, since the inception of their CMO entities, providing personal care worker and supportive home care worker staff to provide direct client care. In addition, since 1986, we have partnered with many county agencies throughout the state of Wisconsin providing personal care workers and supportive home care workers to support their county-run long term care service programs.

As President of Gemini Employee Leasing, Inc. and having had such experience working with two of the initial Family Care Pilot Programs as well as many other county agencies and their long term care programs, I wish to express a couple of concerns I have regarding aspects of the proposed redesign of the long term care service delivery system in Wisconsin. I would also like to suggest one possible area where the delivery system could be changed which may improve upon the quality of services provided while also reducing the cost.

First, I would like to express my concerns regarding one option put forth in which private entities would perform the CMO function. Under the current CMO contract, it is my impression that a significant amount of control over the quality of care is under the CMO's sole direction. If private entities are used, the State must be very vigilant in selecting quality CMOs while also maintaining a continuing strict quality control process. While I understand that the CMO contract contains many significant quality control procedures, I do not believe that such controls can completely eliminate the possibility of an unethical agent or employee substituting quality care for increased profits. Utilizing non-profit agencies would not alleviate my concerns, as with non-profit entities, money can be diverted very easily into individuals' pockets through increased salaries and/or fringe benefits. If a CMO with a sizable client load is not managed properly, the lives of many vulnerable individuals could be seriously and permanently adversely affected. I would be very cautious about placing the health and safety of so many lives under significant control of private entities.

From a trust and true quality standpoint, would it be more advisable for the State to rely upon public entities to perform the CMO function, whether they be a county-wide or multi-county consortium? It has been my experience working with many county staff persons over the years that most have been extraordinarily concerned about the health, safety and overall quality of life for the clients in their charge, and public entities, due to open records regulations, may have less opportunity mismanage care funding.

Utilizing a county-wide or multi-county CMO entity could also provide for a quicker and more comfortable transition for clients into the new long term care delivery model as county staff who are currently working with county-run long term service programs could be employed by the newly created CMO entity. I believe that both LaCrosse County and Portage County proceeded in implementing their CMO entities in just such a manner with much success. In my view multi-county consortiums would be the better of the two options as such would most likely provide for economies of scale offering the State some very needed cost savings.

A second area of concern is the proposal to encourage multiple CMO options of which clients could choose. While I completely agree with the concept of client choice whenever possible, I would like to encourage the State to limit the number of potential CMO options. Choosing among too many CMOs with varying levels of care could be a daunting task for elderly and disabled individuals and could actually increase costs of care as clients may jump from one CMO to another indiscriminately.

In regard to my opinion on enhancing the service delivery system while reducing costs, I believe there is the potential for significant cost savings by creating an IT system, then mandating that all entities involved in client care use this system. The system should be capable of managing data for all aspects of clients' care including assessment, service scheduling, discharge, cost allocation, etc. By initiating such a system the various types of entities participating in client care could reduce their administrative cost through reducing the redundancy of information entry and transfer between the various entities involved in the care of clients. Hopefully such a reduction in administrative cost would be used to increase the level of quality of services provided, or used to provide services to a greater number of clients. Such a system would be especially important if multiple CMOs are available to clients. It would be helpful if the system could interface with other systems so that entities could continue to use their own systems while also utilizing the mandated system, hopefully, with some automatic data interchange.

On a final note, as a direct service provider to many clients throughout Wisconsin, our agency is willing to work with DHFS in any manner to ensure that its goals of improving quality of service and the attaining cost efficiency are met. Our history and reputation in working with county agencies and their long term care programs for many years provides us with unique qualities which could assist the State in its re-design efforts.

Sincerely,

Kathy Rublee
Gemini Employee Leasing, Inc.